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Approved for use through 10/31/2002, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

Fee Transmittal Form **OCT 01 2001**

Fee Attached

Amendment / Response

After Final

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/ Incomplete Application

Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers (for an Application)

Drawing(s)

Licensing-related Papers

Petition Routing Slip (PTO/SB/69) and Accompanying Petition

Petition to Convert to a Provisional Application

Power of Attorney, Revocation Change of Correspondence Address

Terminal Disclaimer

Request for Refund

CD, Number of CD(s)

After Allowance Communication to Group

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

Other Enclosure(s) (please identify below):

Return Postcard

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name: Townsend and Townsend and Crew LLP

William Michael Hynes

Reg No. 24,168

Signature: *William Michael Hynes*

Date: 9/25/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **9-25-01**Typed or printed name: *MARY GREEN*Signature: *Mary Green*

Date: 9/25/01

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SF 1272662 v1

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FEES TRANSMITTAL for FY 2001

OCT 01 2001

Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 0

Complete If Known

Application Number	09/456,042	RECEIVED
Filing Date	December 6, 1999	OCT 04 2001
First Named Inventor	Bonner, Robert F.	
Examiner Name	G. Gabel	
Group Art Unit	1641	TECH CENTER 1600/2900
Attorney Docket No.	015280-347100US	

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20**	=	
Independent Claims		X	
Multiple Dependent		X	

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
103	18	203
102	80	202
104	270	204
109	80	209
110	18	210

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900

The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William Michael Hynes	Registration No. (Attorney/Agent)	24,168	Telephone	415-578-0200
Signature	William Michael Hynes			Date	9/25/01

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